

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 01399	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Raymond D Brown P.O. Box, Bldg., Room No., if any Street 4183 Canterbury Drive City Brunswick State Ohio ZIP Code + 4 44212	4. Name, file number, and address of labor organization. Name Teamsters Local Union No. 507 Labor Organization File Number 064-048 P.O. Box, Building and Room Number, if any Street 5425 Warner Rd, Unit 7 City Cleveland State Ohio ZIP Code + 4 44125
5. Position in labor organization. Recording Secretary/Business Agent	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. \$0
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Raymond Brown

On

3/27/06

Date

216-328-0111

Telephone Number

Name of Person Filing <u>Raymond Brown</u>	File Number U- <u>01399</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Teamsters Local Union No. 507 CBR Fund

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 5425 Warner Rd, Unit 7

City Cleveland

State Ohio ZIP Code + 4 44125

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters Local Union No. 507

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 5425 Warner Rd, Unit 7

City Cleveland

State Ohio ZIP Code + 4 44125

11.a. Nature of such dealing.

Participant as a member of Teamsters Local 507

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Participant in Charitable, Educational and Recreational activities with and on behalf of members of Teamsters Local 507.

12.b. Amount.

\$1,300

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer _____ or Consultant _____ ?

14.b. Amount of payment.

\$0

R.B.
3/27/06

Name of Person Filing Raymond Brown	File Number U- 01399
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Cleveland Bakers & Teamsters Health & Welfare</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 9665 Rockside Road, Ste C</p> <p>City Cleveland</p> <p>State Ohio ZIP Code + 4 44125</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Teamsters Local Union No. 507</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 5425 Warner Rd, Unit 7</p> <p>City Cleveland</p> <p>State Ohio ZIP Code + 4 44125</p>	<p>11.a. Nature of such dealing.</p> <p>Participation as Union Trustee as a member of Teamsters Local Union No. 507</p>
	<p>11.b. Approximate dollar value of such dealing. \$0</p> <p>12.a. Nature of interest held or income received.</p> <p>All payments/remuneration relate to the 2005 Cleveland Bakers & Teamsters Health & Welfare Fund ongoing operations.</p> <p>12.b. Amount. \$4,014</p>

R.B.
3/27/05

Name of Person Filing Raymond Brown

File Number U- 01399

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Medical Mutual of Ohio

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2060 E 9th St

City Cleveland

State Ohio ZIP Code + 4 44115

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Cleveland Bakers & Teamsters Health & Welfar

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9665 Rockside Rd, Ste C

City Cleveland

State Ohio ZIP Code + 4 44125

11.a. Nature of such dealing.

Third party administrator and insurance company for Fund participant benefits.

11.b. Approximate dollar value of such dealing.

\$42,893,866

12.a. Nature of interest held or income received.

Participation in event on 1/22/05

12.b. Amount.

\$205

R.B.
3/27/06

Part B Continuation Page

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Name Medical Mutual of Ohio

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2060 E 9th St

City Cleveland

State Ohio

ZIP Code +4 44115

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Cleveland Bakers & Teamsters Health & Welfare

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9665 Rockside Rd, Ste C

City Cleveland

State Ohio

ZIP Code +4 44125

11.a. Nature of such dealing.

Third party administrator and insurance company for Fund participant benefits.

11.b. Approximate dollar value of such dealing.

\$42,893,866

12.a. Nature of interest held or income received.

Participation in event on 10/22/05

12.b. Amount.

\$410